	Substitute for Form PTO-875 Application on the State of the PTO-875 Application on the State of the PTO-875													
:	Substitute for Form PTO-875								···//COOKU			The Cocket Number		
	.] :	CLAIMS AS FILED - PART I								<u> </u>		790,220	2	
•	J		(Column 1) (Column 2)									1		
	FOR	FOR		FILED				SMALL ENTITY RATE FEE		Y	OR	OTHER THAI		
•	8ASIC FEE (37, CFR 1.16(a	(37 CFR 1.16(a))		1000	N	NUMBER EXTRA						J	- CM1111	
	TOTAL CLAIMS (37 CFR 1.16(c		<u> </u>									RATE	· FE	
	INDEPENDENT	F 64 + 11 - 1	m	nus 20 =			\neg	2=	>-\s-	=	OŖ		s	
	(37 CFR 1.16(b	(37 CFR 1.16(b))		minus 3 =				X \$ 200	<u> </u>	_	OR	x s 50.	1-	
	MULTIPLE DEP	ENDENT CLA		———·			_	x s 100	<u>)</u>		OR .	x , 200	 	
		MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) If the difference in column 1 is less than zero, enter "0" in column 2.						+5.180	2					
	" " e omerenc	ce in column :	l is less than ze	ro, en(er *0`	in colun	n column 2.		TOTAL			ОR	+360		
- 1	•							· OTAL		OR	OR	TOTAL		
- 1	CLAIMS AS AMENDED - PART II											,	·	
ŀ	-15	(Colu		(Cd	ilumn 2)	(Column 3	ı	State						
	¥ 2 24 1	REM	AIMS AINING	Hic	HEST	PRESENT EXTRA	7 [RATE	LENTITY		OR	OTHER SMALL E	MAHT	
	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		TER DMENT	PREV	IMBER. /IOUSLY		$\perp \perp \parallel$		ADDI-	-	. [-141114	
	Total (31 CFR 1.16(c	1 .	Min	15	FOR		4 1		TIONAL FEE	.		RATE	ADDI- TIONAL	
	Z Independent W (31 OFR 1.166)		Mine	21			11	x s 25 =		7	-		FEE	
	₹			1 3	}_	= /	7 /	x s 100=	 	-l °	R X	(5 <u>50</u> = 1	_	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									J 01	R X	<u>s</u> 200		
		(27 GPR 1.16(d))						+ s 180=	-	. OF	3 +	362		
								TOTAL ADD'L FEE		7	TO	OTAL		
	0	(Columi		(Colu	(ma 2)	(Column 3)				_ OR	A	DO'L FEE		
	•	REMAIN	MMG	HIGH	3ER	PRESENT			T	ר		·	1	
ĺ	Total	AMENDA	MENT	PREVIO	USLY	EXTRA		RATE	ADDI- TIONAL	1	-	RATE	400	
ξ	DI CHR 1.16(d)		. Minus	1	<u> </u>	-	` -	nP"	FEE]	1.		ADDI: TIONAL	
AMENDMENT	(3) CFR 1.16(6))		· Minus	1		<u> </u>	×	<u>, 25</u> .		OR	T _x .	50.	FEE	
1	FIRST PRESENTATION OF WILLIAM							s <u>100</u> ≥		1		200		
	-l	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						s 180=		OR				
	•						TO	DATC		OR		360		
		(Column	1)	(Calum	- n.		Α.	POLFEE		OR	TOT ADD	AL SEE		
O	1	CLAIMS REMAINI		(Colum		(Column 3)								
Z		AFTER		HUMBE UOIV399	R	PRESENT EXTRA		RATE	ADDI-					
ME	Total	AMENDME	Minus	PAID FO	OR	EXITA	1		TIONAL		R		100l	
용	(17 CFR 1.16(c)) Indépendent		wiitos			=	× s	25	<u>F€E</u>		ļ		ONAL FEE .	
AMENDMEN	(37 CFR 1,16(6))	2.	Minus	444 .	-	i i				OR	× 50	10	1	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						ļ —	100		OR	× s 2	DO D		
			+ s	180=	.	OR	, 3	60.						
•	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, entry thinker the thinker than 20, entry the "Highest Number Previously Paid For IN THIS SPACE is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE" is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE" is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE" is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE" is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE" is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE" is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE" is less than 20, entry the "Highest Number Previously Paid For IN THIS SPACE".										TOTA			
•••	" If the "Highest N	lumber Previo	ously Pald For	in column 2 IN THIS SPA	. write 10 ACE is to	in column 3.		FEE _		OR	ADD'L	FEE .		
	If the Highest Nu	mber Previou	usly Paid For (N THIS SPA	CE is le	ss than 3, enter	- 3. - 3.						7	

The "Highest Number Previously Paid For (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.